

MEMORANDUM



DATE: March 18, 2008

TO: EMS Providers – ALS, BLS, EMS Aircraft
Hospital CEOs, ED Directors, Nurse Managers, PLNs
EMS Training Institutions, EMS CE Providers
Inyo, Mono and San Bernardino County EMCC Members
Other Interested Parties

FROM: Reza Vaezazizi, M.D. *Reza Vaezazizi, M.D.*
ICEMA Medical Director
Virginia Hastings *Virginia Hastings*
ICEMA Executive Director

SUBJECT: EMERGENCY PROTOCOL IMPLEMENTATION

The following emergency protocol has been revised and approved by ICEMA. **This protocol will become effective on April 1, 2008.** A copy is contained with this mailing, also available online at www.icema.net.

Emergency protocol effective April 1, 2008

Reference # 14007 Determination of Death on Scene

This protocol defines the criteria allowing paramedics to determine death at the scene of an incident. The new protocol clarifies the steps necessary to determine death in a blunt trauma full arrest prior to base station contact.

This emergency protocol will remain in effect for one hundred and twenty (120) days, following which the protocol will be formally adopted after public comment is reviewed.

If you have questions regarding the implementation of this emergency protocol, please do not hesitate to contact Sherri Shimshy at 909-388-5816 or SShimshy@cao.sbcounty.gov.

RV:VH:ss:mae

EMERGENCY PROTOCOL

DETERMINATION OF DEATH ON SCENE

PURPOSE

To identify situations when an EMT-I or EMT-P may be called upon to determine death on scene.

POLICY

An EMT-I or EMT-P may determine death on scene if pulselessness and apnea are present with any of the following criteria. The EMT-P is authorized to discontinue BLS CPR initiated at scene if a patient falls into the category of obvious death. If any ALS procedures are initiated, only the Base Hospital physician/designee may determine death in the field. In any situation where there may be doubt as to the clinical findings of the patient, BLS/CPR must be initiated and the Base Hospital contacted, per Protocol Reference #14008, Do Not Resuscitate Policy. When death is determined, the County Coroner must be notified along with the appropriate law enforcement agency.

DETERMINATION OF DEATH CRITERIA

1. Decomposition.
2. Obvious signs of rigor mortis such as rigidity or stiffening of muscular tissues and joints in the body which occurs anytime after death and usually appears in the head, face and neck muscles first.
3. Obvious signs of venous pooling in dependent body parts, lividity such as mottled bluish-tinged discoloration of the skin, often accompanied by cold extremities.
4. Decapitation.
5. Incineration of the torso and/or head.
6. Massive crush injury and/or penetrating injury with evisceration or total destruction of the heart, lung and/or brain.
7. Gross dismemberment of the trunk.
8. Traumatic cardiac arrest in the setting of severe blunt force trauma, documented asystole in at least 2 leads, and no reported Vital signs (palpable pulses and/or spontaneous respirations) during EMS encounter with the patient.

EMERGENCY PROTOCOL

PROCEDURE

1. If the patient does not meet the above criteria for obvious death, appropriate interventions must be initiated.
2. All patients in ventricular fibrillation should be resuscitated and transported unless otherwise determined by the Base Hospital Physician/designee.
3. Resuscitation efforts shall not be terminated enroute per civil code 27491 the patient will be transported to the closest facility where determination of death will be made by hospital staff.
4. Most victims of electrocution, lightning, and drowning should have resuscitative efforts begun and transported to the appropriate Hospital/Trauma Center
5. Hypothermic patients should be treated per Protocol Reference #10006 Hypothermia – Severe.
6. All terminated resuscitation efforts must have an ECG attached to the patient care report.
7. All conversations with the Base Hospital must be fully documented with the name of the Base Hospital Physician who determined death, times, and instructions on the patient care report.
8. A DNR report form must be completed, if applicable per Protocol Reference #14008.
- 9. A copy of the patient care report must be made available for the coroner.**

APPROVED BY:

SIGNATURE ON FILE

Reza Vaezazizi, M.D. ICEMA Medical Director

SIGNATURE ON FILE

Virginia Hastings, ICEMA Executive Director